

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Writ</b> MI NICKNAME LAST SUFFIX <b>Baese</b>		<b>OFFICE USE ONLY</b>  Date Received  <b>MAY 01 2015</b>  <i>S. Writ</i> Date Hand-delivered or Date Postmarked
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2721 Loyaga Round Rock, TX 78681</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 917-2222</b>		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> FIRST <b>Ryan</b> MI NICKNAME LAST SUFFIX <b>Therrell</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2800 Cool River Loop Round Rock, TX 78665</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 388-5355</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>3 / 31 / 15</b> THROUGH <b>4 / 29 / 15</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>5 / 9 / 15</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) <b>Round Rock City Council Place 5</b>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Writ Baese

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,660

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,324.28

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

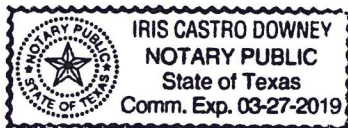
\$ 8,529.97

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15 Election Code.

Writ Baese

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Writ Baese, this the 1st  
day of May, 20 15, to certify which, witness my hand and seal of office.

Iris Castro Downey

Signature of officer administering oath

Iris Castro Downey

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME *Writ Baese*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,660.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>49.16</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <i>4324.28</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME Writ Baese

3 Filer ID (Ethics Commission Filers)

4 Date  
4/14/15

5 Full name of contributor ☐ out-of-state PAC (ID#:

Jeff Gaddis

7 Amount of contribution (\$)

\$125.00

6 Contributor address; City; State; Zip Code

1105 St. Williams, Round Rock, TX 78681

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
4/16/15

Full name of contributor ☐ out-of-state PAC (ID#:

Don Hendricks

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1501 Bluff Drive, Round Rock, TX 78681

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/19/15

Full name of contributor ☐ out-of-state PAC (ID#:

Craig Morgan

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

1343 River Forest Drive, Round Rock, TX 78665

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
4/22/15

Full name of contributor ☐ out-of-state PAC (ID#:

Holly Coe

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4001 Sable Oaks Dr, Round Rock, TX 78664

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <u>4</u>
2 FILER NAME <u>Writ Barse</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/27/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Blake Magee</u>	7 Amount of contribution (\$) <u>\$500.00</u>
6 Contributor address; City; State; Zip Code <u>1409 Kent Lane, Austin, TX 78703</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/27/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Vining</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code <u>3016 Wood Springs Lane, Round Rock, TX 78681</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/16/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bruce Bessner</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>1903 Cedar Bend, Round Rock, TX 78681</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/27/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Darren Quick</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code <u>507 East Main, Round Rock, TX 78664</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME Writ Baese

3 Filer ID (Ethics Commission Filers)

4 Date 4/27

5 Full name of contributor Stacie Bryan ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code 78681

2700 Michelle Lynn Cove, Round Rock, TX

960<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4/23

Michael Fitzpatrick

Contributor address; City; State; Zip Code

511 Oakwood, Round Rock, TX 78681

\$100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4/23

John Nelson

Contributor address; City; State; Zip Code 78703

3404 Glenview Ave, Austin, TX

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

4/23

Todd Nickle

Contributor address; City; State; Zip Code 78665

1008 Forest Bluff Trail, Round Rock, TX

\$250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Writ Baese</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/23/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Avery</b> 6 Contributor address; City; State; Zip Code <b>2803 Percos St., Austin, TX 78703</b>	7 Amount of contribution (\$) <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/24/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Sou</b> Contributor address; City; State; Zip Code <b>78665</b> <b>4332 Teravista Club, Round Rock, TX</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/24/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Ramert</b> Contributor address; City; State; Zip Code <b>901 Sam Bass Rd, Round Rock, TX 78681</b>	Amount of contribution (\$) <b>\$175.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Writ Baese</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Craig Morgan</b>	8 Amount of Contribution \$ <b>78665 \$49.16</b>	9 In-kind contribution description <b>Event</b>
7 Contributor address; City; State; Zip Code <b>1343 River Forest, Round Rock, TX</b>		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Writ Barse</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/4/15</b>	5 Payee name <b>Mark Loeffler</b>	
6 Amount (\$) <b>\$1,166.97</b>	7 Payee address; City; State; Zip Code <b>12601 RR 2222 Austin, TX 78730</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Consulting</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date <b>4/19/15</b>	Payee name <b>Minuteman Press</b>	
Amount (\$) <b>\$116.33</b>	Payee address; City; State; Zip Code <b>1904 S. Austin Ave Georgetown, TX 78626</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date <b>4/19/2015</b>	Payee name <b>Poke-e. Jui</b>	
Amount (\$) <b>419.47</b>	Payee address; City; State; Zip Code <b>1202 C North IH35 Round Rock, TX 78681</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event</b>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: <b>4</b>		2 FILER NAME <b>Writ Baese</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/21/15</b>		5 Payee name <b>VSPS</b>			
6 Amount (\$) <b>\$438.58</b>		7 Payee address; City; State; Zip Code <b>8225 Cross Park Drive Austin, TX 78710</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/24/15</b>		Payee name <b>Williamson County</b>			
Amount (\$) <b>\$80.00</b>		Payee address; City; State; Zip Code <b>301 SE Inner Loop Georgetown, TX 78626</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Data</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/26/15</b>		Payee name <b>HEB</b>			
Amount (\$) <b>\$90.28</b>		Payee address; City; State; Zip Code <b>250 University Blvd. Round Rock, TX 78664</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Event</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule F1: <b>4</b>		2 FILER NAME <b>Writ Baese</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/26/15</b>		5 Payee name <b>Lowes</b>			
6 Amount (\$) <b>\$48.68</b>		7 Payee address; City; State; Zip Code <b>120 Sundown Parkway Round Rock, TX 78681</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Event</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/27/15</b>		Payee name <b>Thomas Graphics</b>			
Amount (\$) <b>\$746.93</b>		Payee address; City; State; Zip Code <b>PO Box 142226 Austin, TX 78714</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/27/15</b>		Payee name <b>Thomas Graphics</b>			
Amount (\$) <b>\$746.93</b>		Payee address; City; State; Zip Code <b>PO Box 142226 Austin, TX 78714</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Printing</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>Writ Baese</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/27/15</b>		5 Payee name <b>USPS</b>			
6 Amount (\$) <b>\$438.58</b>		7 Payee address; City; State; Zip Code <b>8225 Cross Park Dr Austin, TX 78710</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>4/30/2015</b>		Payee name <b>PayPal</b>			
Amount (\$) <b>\$31,53</b>		Payee address; City; State; Zip Code <b>2211 North First San Jose, CA 95131</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <b>Fees</b>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**